

UNITED STATES DEPARTMENT OF AGRICULTURE - RESEARCH, EDUCATION, AND ECONOMICS
APPLICATION FOR APPROVAL TO ENGAGE IN NON-FEDERAL EMPLOYMENT OR ACTIVITY

SECTION 1 - GENERAL INFORMATION (To be completed by the employee for compensated and non-compensated employment or activity)		
A. Agency Employment		
Name	Location Name & Address	
Position Title , Grade & Salary		
B. Prospective Non-Federal Employment or Activity		
Name & Address of Prospective Employer or Activity	Description of Work, Dates of Employment & Location	
Pay, Reimbursement or Terms Offered (<i>fee, per diem, honorarium, royalties, stock options, travel and expenses, etc. If employment or activity is non-compensated, indicate that as well.</i>)		
Can the outside work or activity be performed entirely outside of your normal working hours? 9 YES 9 NO If no, please provide the estimated hours of leave that will be required (all leave requires prior approval from supervisor). _____ Annual Leave _____ Administrative Leave	Do you have any contact with the prospective employer or activity in your official capacity? 9 YES 9 NO Will this activity interfere with your official duties? (<i>If yes, describe any of your official duties that relate in any way to the proposed employment in Section C, below.</i>) 9 YES 9 NO Will this activity involve the use of unpublished research or information not publicly available? 9 YES 9 NO	
For employment involving consultative or professional services, is the client, employer, or other person on whose behalf services are performed receiving or intending to seek a USDA grant, contract, cooperative agreement or other funding relationship? 9 YES 9 NO	Is compensation derived from a USDA grant, contract, cooperative agreement, or other source of USDA funding? (<i>If yes, please explain in Section C, below.</i>) 9 YES 9 NO	
C. Additional Comments (<i>Use this space to provide any additional explanations, details, or other pertinent information. Additional sheets may be attached.</i>)		
D. Certification		
<i>I certify that the information provided above is complete and correct to the best of my knowledge. I further certify that I am familiar with the provisions of the Standards of Ethical Conduct [5 CFR §§ 2635.807(b)], that prohibits use of official title or position to identify self in connection with teaching, speaking, or writing.</i>	SIGNATURE	
	DATE	
SECTION 2 - REVIEW AND APPROVAL (To be completed by reviewing officials)		
A. Comments (<i>The immediate supervisor should indicate reasons for recommending disapproval or reasons for recommending approval when deemed necessary. Additional sheets may be attached.</i>)		
B. Final Action		
9 APPROVAL RECOMMENDED 9 NOT RECOMMENDED	SIGNATURE & TITLE (<i>Immediate Supervisor</i>)	DATE
9 APPROVED 9 DENIED	SIGNATURE & TITLE (<i>Ethics Advisor or other Approving Official</i>)	DATE